|  |  |  |
| --- | --- | --- |
| **CONSULTANT INVOICE** | Invoice # [No] Date: December 2, 2022 |  |

Client / Customer

Name: [Name]

Street Address: [Street Address]

City, State: [City, State]

ZIP Code: [ZIP Code]

Name: [Name]

Street Address: [Street Address]

City, State: [City, State]

ZIP Code: [ZIP Code]

Phone: [Phone]

E-mail: [E-Mail]

|  |  |  |  |
| --- | --- | --- | --- |
| **DESCRIPTION** | **HOURS** | **$ / HOURS** | **AMOUNT ($)** |
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|  |  |  |  |
| Payment is due within [Number (#)] days. |  | **SUBTOTAL** |  |
|  |  | **DISCOUNT** |  |
|  |  | **TAX** |  |
|  |  | **TOTAL** |  |

Thank you for your business!